

UNITED STATES DISTRICT COURT

DISTRICT OF

FEB 05 2008

Maurice Mays

Plaintiff

Officer Jason Clark CPD / City of Chicago

Defendant

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

FILED

Maurice Mays

08CV 778

5 2008 *aw*

JUDGE GETTLEMAN

☒ petitioner/plaintiff/movant☐ other

MAGISTRATE JUDGE SCHENKIER

V. DOBBINS
STRICT COURT

in the above-entitled proceeding; that in support of my application for relief under 28 USC. §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion or appeal.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration Sandstone FCI Sandstone, MI

Are you employed at the institution? NO If "yes", what income do you receive from the institution? _____

What is your social security number? 323-62-7441

YOU MUST HAVE THE INSTITUTION FILL OUT THE CERTIFICATE PORTION OF THIS AFFIDAVIT SHOWING THE PAST SIX MONTHS' TRANSACTIONS FOR YOUR PRISON ACCOUNT. A ledger sheet showing such transactions also should be attached.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive on number 7 of this form.

4. Do you have any cash or checking or savings accounts? ☒ Yes

If "Yes" state the total amount Approx - 3100⁰⁰ I'm not sure if the account is closed

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

7. Additional information:

I declare under penalty of perjury that the above information is true and correct.

1-29-08
DATE

Maurice May
SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the Institution of incarceration)

I certify that the applicant named herein has the sum of \$ 50.12 on account to his/her credit at (name of institution) FCI Sandstone, MN. I further certify that the applicant has the following securities to his/her credit:

I further certify that in the 6-month period immediately preceding the filing of the complaint/petition/motion or notice of appeal, the average monthly deposits to the prisoner's account was \$ 47.06, and the average monthly balance in the prisoner's account was \$ 35.33.

1/30/08
DATE

[Signature] H C/e
SIGNATURE OF AUTHORIZED OFFICER